Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001140	A. BUILDING _____ B. WING _____	C 04/18/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER BEACH TERRACE	4905 MELTON RD GARY, IN 46403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00088292. Complaint IN00088292 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: April 16 and 18, 2011 Facility number: 001140 Provider number: 001140 AIM number: N/A Survey team: Janelyn Kulik, RN, TC Heather Tuttle, RN (April 16, 2011) Census bed type: Residential: 110 Total: 110 Census payor type: Other: 110 Total: 110 Miller Beach Terrace was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00088292. Quality review completed 4/25/11 by Jennie Bartelt, RN.	R 000		